

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025670

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 1321

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 10 1962

VS 300
Rev. 4/59

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20975

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Length of stay in 1b 43 years	c. CITY OR TOWN Marshall Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 431 East Arrow Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Johanna Middle ----- Last Pare		4. DATE OF DEATH Month July Day 3rd Year 1962			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-21-1878		
9. AGE (last birthday) 84		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Practical		10b. KIND OF BUSINESS OR INDUSTRY Nurse	11. BIRTHPLACE (City and state or country) Cooper County, Mo.		
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Patrick McCarty			
13b. MOTHER'S MAIDEN NAME Elizabeth Bowles		14. NAME OF HUSBAND OR WIFE George Pare			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____			
17. INFORMANT 659 South Elmworth Mrs Perry Bolton, Marshall Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vas Accident DUE TO (b) Cerebral Vas Thrombosis DUE TO (c) Arteriosclerotic Vas Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 3 weeks 3 10 yrs	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from fall 1961 to July 3-62 and last saw him alive on July 3-62 Death occurred at 11 P.M. in on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) [Signature]			
22b. ADDRESS Marshall Mo		22c. DATE SIGNED 7-6-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-6-1962	23c. NAME OF CEMETERY OR CREMATORY Ridge Park cemetery	23d. LOCATION (City, town, or county) (State) Marshall Missouri		
24. FUNERAL DIRECTOR Campbell-Lewis, Marshall Mo.		25. DATE RECD. BY LOCAL REG. 7-6-62	26. REGISTRAR'S SIGNATURE [Signature]		

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued July 6 - '62 -

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R.W. Campbell Jr.

Licensed Embalmer No.

3469

P. O. Address

Marshall Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.